

ACORD**CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

PRODUCERHecker Sharkey & MacBean
21 Commerce Drive
Cranford, NJ 07016

908-272-8100

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.**COMPANIES AFFORDING COVERAGE**COMPANY LETTER **A** St. Paul Fire & MarineCOMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E****INSURED**Soc. Hill @ University Hts. III
c/o Eastern Community Mgmt
225 Highway 35
Red Bank
NJ 07701**COVERAGES**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 5000000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	BC02900238	1/01/94	1/01/95	PRODUCTS-COMP/OP AGG. \$ 3000000
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 3000000
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 3000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED. EXPENSE (Any one person) \$ 5000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person) \$
<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE \$
<input type="checkbox"/>	HIRED AUTOS				
<input type="checkbox"/>	NON-OWNED AUTOS				
<input type="checkbox"/>	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
<input type="checkbox"/>	UMBRELLA FORM				AGGREGATE \$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				
<input checked="" type="checkbox"/>	Blanket Building	BC02900238	1/01/94	1/01/95	\$11,475,000.
<input type="checkbox"/>	Contents				
<input checked="" type="checkbox"/>	Fidelity	BC02900238	1/01/94	1/01/95	100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMSOWNER: HAROLD E. BECKLES, UNMARRIED AND BERNICE A. FULLER, UNMARRIED
LOC: 102 CALLAHAN COURT, NEWARK, NJ 07103 (22D1) LOT: 22.07 BLOCK: 406**CERTIFICATE HOLDER**MIDLANTIC NATIONAL BANK,
ITS SUCCESSORS AND/OR ASSIGNS,
AS THEIR INTEREST MAY APPEAR
710 TURNPIKE ROAD
EAST BRUNSWICK, NJ 08816**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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